



Beth Stasuk

Galloway Community Services
Director

GALLOWAY TOWNSHIP

Recreation Parks Planning & Acquisition Community Events

Senior Center: 621 W. White Horse Pike, Egg Harbor, NJ 08215

Recreation: 636 S. New York Road, Galloway N.J. 08205

Phone : (609) 652-8657 Fax: (609) 652-9985

Web: www.gallowaytwp-nj.gov

Thank you for your interest in holding a special event or utilizing a Township owned field and/or facility. Attached are the materials needed to obtain approval for your upcoming event. Please follow the application directions very carefully.

Requirements and Conditions:

- 1) Any person wishing to sponsor a special or field event, and/or party shall file an application with the Township of Galloway to the applicable department at least 30 days prior to the date of the event. Prior to Submission, please contact Community Services to verify that your date is available! Application must be completed in its entirety.
- 2) The special events application will be reviewed by the appropriate departments including Community Services, Police, Fire, Public Works, Township Clerk or any other entities as determined by the applicable department.
- 3) The applicant shall comply with all the applicable Township ordinances, code, conditions and requirements. Copies are available upon request. **PLEASE NOTE... AS PER TWP. ORDINANCE § 261-1.B1 - ALCOHOLIC BEVERAGES ARE PROHIBITED ON/IN ANY TOWNSHIP OWNED/ OPERATED FACILITY, PARK OR PLAYGROUND.**
- 4) Requests for Fire, Police, and/or Emergency Services shall be subject to requirements and interpretive authority and discretion of the approving department. Please note, applicant is required to request these services based on their specific needs to the individual agencies.
- 5) Requests for Police/Fire/Emergency Personnel services shall be subject to the interpretive authority and discretion of the Chief of Police/Fire Chief/Director of Galloway Ambulance Squad respectfully.
- 6) Special Event & Field Use Applicants must provide a Certificate of Liability Insurance listing the "Township of Galloway, 300 E. Jimmie Leeds Road, Galloway, NJ 08205" as additional insured. The description on the certificate must include specific dates, events & locations.
- 7) Party/Park Rental Applicants must provide a Homeowners/Renters Insurance Declaration page or applicant may purchase a One Day Insurance Certificate for use. (Additional info page 4.)
- 8) Applicants must sign a "Hold Harmless Agreement" indemnifying the Township of Galloway, last page of this document for your convenience.
- 9) Organizations that are requesting field use, are required to comply with our Youth Protection Program & must visibly wear their ID's during all practices and/or games. Your form must include your season's coaches registration forms for each and every coach and/or assistant, and team rosters including addresses and school attending.
- 10) Fee's are required for use of township property (ordinance 1894), park usage or field usage: **\$30 Galloway Residents & \$50 non Residents; Sports/Instructional Camps 15% of cost per person; Non-profit Groups may be exempt upon submission of their 501C3. Checks made payable to GTCSEF/Park Usage**
- 11) Pine Needle Park requires a Key Deposit of \$25 for the restroom facilities (locked for security purposes). This payment must be turned in to receive the key on the business day prior to the event (checks can be made payable to GTCSEF), key must be turned in by the first business day following the event for deposit to be returned.

APPLICANT:

Applicant Name: _____

Applicant Full Address: _____

Daytime Phone: (____)_____ Evening Phone: (____)_____

Fax: (____)_____ E-mail: _____

SPONSORING ORGANIZATION (if applicable):

Name of Organization: _____

Full Address: _____

Is the organization registered with the State of New Jersey as a non-profit organization?

Yes ☐ No ☐ If yes, please inclose a copy of their 501-C3 for our records.

SPECIAL EVENT INFORMATION:

ON SITE CONTACT day of event: _____ Cell Phone: (____) _____

* Any change in the above information, please notify the approving department immediately.

Is this event a fundraiser? Yes ☐ No ☐ Beneficiary: _____

Field or Facility Use Location: **\$30.00 Galloway Resident Use & \$50.00 Non Resident**

Imagination Station II ☐ Pine Needle Park ☐ Skate Park ☐ Veteran's Memorial Park ☐

Patriot Lake (Gazebo) ☐ Wrangleboro Road Park ☐ Gabriel Soccer Field ☐ Tartaglio Park ☐

Historical Room ☐ Court Room ☐ Senior Center ☐ Other _____

Description of Use:

Children's Party ☐ Wedding Ceremony/Pictures ☐ Craft Show ☐ Fair/Carnival ☐ Fundraiser ☐

Parade ☐ Run/Walk ☐ Block Party ☐ Meeting ☐ Program ☐ Sports Field ☐ Other _____

Event Title/Activity: _____

Estimated # of Participants: _____ Estimated Attendance: _____

* Please note attendance exceeding 999 people will require another application & further review.

Event Date(s): _____ Time: _____am/pm

* Please note we are unable to provide rain dates, all dates are subject to approval and are based on 1st come, first served.

Set Up Time(s): _____am/pm Take Down Time(s): _____am/pm

Description of Event Set Up: _____

* Please attach additional sheets as necessary, including plans, maps, flyers, etc.

Will there be an entrance or registration fee? Yes ☐ No ☐ Amount: \$ _____

GENERAL EVENT INFORMATION (Please note electric is not available):

*** Please indicate whether the following items pertain to this event.**

YES ☐ NO ☐ Food concession and/or Food Preparation area(s)?

If you intend to cook food, please specify method: Gas ☐ Charcoal ☐ Other _____

YES ☐ NO ☐ Will you be supplying your own First-Aid Station?

YES ☐ NO ☐ Will tents be utilized? How many? _____ What size(s) _____

* Applicant is required to call for a mark-out ten days prior to the event.

YES ☐ NO ☐ Will a stage be utilized? Dimensions: _____

YES ☐ NO ☐ Will there be entertainment? Description: _____

YES ☐ NO ☐ Will vehicle(s) and/or trailer(s) be used? How many? _____

YES ☐ NO ☐ Will tables and/or chairs be set up? How many? _____

YES ☐ NO ☐ Will fencing, barrier(s) and/or barricade(s) be utilized?

YES ☐ NO ☐ Are street closures requested? Street Name: _____

Justification for Street closure: _____

YES ☐ NO ☐ Will there be portable toilet(s)? Supplier: _____

YES ☐ NO ☐ Will there be inflatables or amusements? Supplier: _____

YES ☐ NO ☐ Will there be Booth(s), Exhibit(s), Display(s) and/or Enclosure(s)?

YES ☐ NO ☐ Will the event be advertised? Where: _____

YES ☐ NO ☐ Is traffic control or crowd control necessary for this event?

* If Yes, Applicant is required to contact Police Department to request.

*** Please note ~ You are required to bag and remove ALL trash & recycling.**

REQUIRED ATTACHMENTS:

INSURANCE REQUIREMENTS

Insurance is required under all circumstances for approval. Special Event/Field Use applicants are required to provide a certificate of insurance which shows a minimum of \$1 million in General Liability Insurance, listing the Township of Galloway as additionally insured on their Certificates of Insurance (an example is available upon request.) Party/Park Use applicants are required to provide a copy of their Homeowners/Renters Insurance Declaration page or a One Day Insurance Certificate available @ www.ebi-ins.com/tulip (Facility ID GNTI-882) name your event (last name, park name & date). Minimum policy cost \$103, *please note, the township does not receive any funding from this site, it is simply offered as a courtesy.* Your insurance provider can also issue the same one day policy, call for pricing.

* Each event is evaluated on its risk exposure, all events must have a certificate, some may require a higher limit of insurance.

HOLD HARMLESS AGREEMENT

A Hold Harmless Release Agreement must be submitted with each application (attached).

AFFIDAVIT OF APPLICANT

Everything that I have stated on this application is correct to the best of my knowledge, I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. All programs and facilities of the Township of Galloway are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

NAME OF APPLICANT: _____

SIGNATURE: _____ DATE: _____

HOLD HARMLESS AGREEMENT:

For the purposes of Contractual Liability Coverage's under this policy the following Indemnification Agreement is recited as required under contract with the Township of Galloway, County of Atlantic.

My organization and/or myself, _____ agree to Indemnify and Hold Harmless the Township of Galloway, County of Atlantic, including all elected and appointed officials, all employees, volunteers, all boards, commissions, and/or authorities and their board members, employees, and volunteers from any and all claims arising out of the negligence of the Insured's operations.

The above recited Indemnification wording does not Amend, Extend or Alter the coverage afforded by my organizations policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afford by this policy is subject to all terms, exclusions and conditions of this policy.

Individual/Organizational President: _____

Organization: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Submitted: _____

Insurance Policy Coverage: Start: _____ End: _____

Event Location: Imagination Station II ☐ Pine Needle Park ☐ Patriot Lake (Gazebo) ☐

Skate Park ☐ Veteran's Memorial Park ☐ Wrangleboro Road Park ☐ Gabriel Soccer Field ☐

Tartaglio Park ☐ Historical Room ☐ Court Room ☐ Senior Center ☐ Other _____

Event Date: _____ Time: _____ Type: _____

Applicant: _____ Phone: _____

Misc. Notes: _____

Galloway Resident \$30.00 ☐

Non Resident \$50.00 ☐

Received date: _____ Cash/Ch. #: _____ By: _____

APPROVED ☐ DENIED ☐ Signature: _____ Date: _____

~ Key Deposit Required ☐ Received date: _____ Cash/Ch. #: _____ By: _____

Key #: _____ Date Deposit Returned: _____ By: _____